DOCUMENT RESUME

ED 368 065 EA 025 698

TITLE	How To Use Site-Monitoring Teams To Evaluate School-Based and School-Linked Health Centers.
INSTITUTION	Center for Population Options, Washington, DC.
PUB DATE	93
NOTE	43p.
PUB TYPE	Reports - Evaluative/Feasibility (142) -- Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Clinics; Elementary Secondary Education; *Health Services; *Partnerships in Education; Program Development; Program Effectiveness; *Program Evaluation; Public Schools; *School Health Services
IDENTIFIERS	*School Based Health Clinics; *Site Monitoring Teams

ABSTRACT

School-based and -linked health centers (SBHC and SLHC) are becoming innovative centers for providing health care to adolescents. The Center for Population Options (CPO) has designed a site-monitoring team model for SBHCs and SLHCs. The first phase is preparing for the site visit. This begins with contracting a team leader, assembling the team and conducting the initial orientation of both the team and health center staff. The second phase includes the first site visit. Data collection is conducted through record review, personal interviews, and nonparticipatory observation. Preliminary assessments and recommendations can also be made. In phase three the changes recommended by the team are implemented. Technical assistance and staff training may be needed during this phase. In the fourth phase the team makes a final visit. Any modifications are noted and a final report is prepared for use by the center administrator, sponsor, or funding agency. Appendices A through F include forms for administrative assessment, medical services assessment, psychosocial and/or health education assessment, school staff questionnaire, student interview questionnaire, and training needs assessment. (JPT)

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How to Use Site-Monitoring Teams to Evaluate School-Based and School-Linked Health Centers

EA 025698

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How to Use Site-Monitoring Teams to Evaluate School-Based and School-Linked Health Centers

A step-by-step guide to conducting an evaluation especially useful for assessing service delivery in the early stages of a program

The Center for Population Options designed this manual for administrators and/or sponsoring agencies working to improve the quality and use of services offered by school-based or -linked health centers. It outlines an evaluation process especially useful for assessing and modifying service delivery in the early stages of a program.

The Center for Population Options (CPO)

CPO is a nonprofit educational organization dedicated to improving the quality of life for adolescents by preventing too-early childbearing and increasing their options for the future.

The CPO Support Center for School-Based and School-Linked Health Centers

The Support Center for School-Based and School-Linked Health Centers, a project of The Center for Population Options, provides information, technical assistance, training, policy analysis and advocacy to assist in establishing school-based and -linked health centers (SBHCs/SLHCs) and in enhancing their operations.

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Acknowledgments

The Support Center/CPO thanks all those who helped make the evaluation activities that are the basis for this manual an informative, pleasant and productive experience.

In Philadelphia, our thanks go to Natalie Levkovich of Greater Philadelphia Health Action, Inc. and the Benjamin Franklin High School staff and health center for their openness and willingness to participate in the process.

In Connecticut, a special thanks goes to Lynn LeTarte, Bureau of Community Health, Bob Conte, Charles Warner and Debbie Rosen. Many others at the individual sites, especially at Bridgeport and New London, deserve warm appreciation for their positive cooperation. Advisory Board member, Dr. Claire Brindis, contributed ideas and guidance to the Support Center's evaluation project throughout. Finally, we extend grateful appreciation to the James C. Penney Foundation, Inc. for funding this project. The information contained, however, represents the views of CPO and not necessarily those of the foundation, their trustees or officers.

Many CPO staff contributed to various aspects of this manual. Former Support Center Director Sharon Lovick Edwards launched the project and put her distinctive and effective stamp on its outcome. Adrienne Simms, Jean Hyche-Williams and Shara Neidell also contributed analysis and preparation. Cynthia Waszak and Judy Senderowitz gave their guidance and editorial oversight throughout the manual's development.

Preface: An Action Strategy

School-based and -linked health centers (SBHCs and SLHCs) continue to emerge as innovative ways to deliver health care to adolescents. With no fixed model, these centers' programs develop in response to specific community needs. Administrators and staff face different problems and successes as they adjust service delivery.

To help centers evaluate and modify these new programs, CPO's Support Center for School-Based and School-Linked Health Centers designed the site-monitoring team model this manual outlines. The "action strategy" provides immediate feedback to a program in its early stages and involves staff in changing and improving programs mid-course. SBCHs and SLHCs around the country use this design successfully. On-site monitoring teams assist:

- SBHC/SLHC administrators interested in a subjective review of the quality and appropriateness of the center's operations;
- funders, including state and local governments, foundations and others with a particular interest in who uses the health center and how often, how acceptable the center is to the school and community it serves, compliance rates and effectiveness of referral mechanisms within and outside the center; and
- sponsoring organizations interested in administrative management, clinical services and psychosocial and educational activities.

How to Use Site-Monitoring Teams to Evaluate School-Based and School-Linked Health Centers outlines the four phases of this action-oriented evaluation approach.

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Introduction: A Process Evaluation

The action-oriented evaluation described in this manual is designed to help health center administrators and/or sponsoring agencies improve the quality and use of services that school-based or -linked health centers offer. On-site monitoring is especially useful for assessing and modifying service delivery in the early stages of a program.

In an earlier CPO document, ***Research Methods for Assessing and Evaluating School-Based Clinics***, social scientist, Douglas Kirby described three types of evaluations:

- **Needs Assessment:** Conduct a needs assessment before health center operations begin to provide planners information for developing center programs. Needs assessment data also can serve as baseline data to later assess impact.
- **Impact Evaluation:** Undertake impact evaluation only after the health center has been operating for several years. Time is needed to establish a clientele large enough to measure programs' impact.
- **Process Evaluation:** Conduct a process evaluation the first or second year of operation to give staff the opportunity to assess the quality of the services, while simultaneously monitoring the day-to-day operations of the health center.

On-site team monitoring is a type of process evaluation usually initiated by an SBHC/SLHC sponsor, funding agency or center administrator. The agency contracts with an outside individual (the team leader) and a group of experienced professionals to conduct the evaluation. The process occurs in four phases and should include the early participation of the health center staff.

Phase I begins when the team leader is contracted, the team is assembled and the initial orientation of both the team and the health center staff occurs. This phase may take from one-to-two months to complete.

Phase II occurs when the first site visit is conducted. Data is collected through record review, personal interviews and non-participatory observation. Preliminary assessments and recommendations for modifications are also made during this phase. Phase II should be completed within a four- to six-week period.

Phase III is the period when program staff implement the changes suggested by the team in Phase II. Technical assistance and staff training may be needed to facilitate the modifications. This phase can extend from six-to-twelve months or longer.

Phase IV concludes the evaluation when all or part of the team make a final site visit. Any modifications in center procedure are noted at this point. A final report is then prepared for use by the center administrator, sponsor or funding agency.

The sections that follow describe each of these phases fully.

I. Phase 1: Preparing for the Site Visit

Phase I addresses a number of preliminary issues. The evaluation sponsor works closely with the center administrator and staff to determine the "why" and the "how" of this evaluation process.

1. Deciding to Conduct an Evaluation

Once a decision is made to evaluate the SBHC/SLHC using a team monitoring approach, an agreement should be reached concerning the objectives of the evaluation, the manner in which to proceed, the amount of money budgeted and the choice of team leader. Parties involved in this agreement should include at minimum the SBHC/SLHC administrator, the funding agency and/or the evaluation sponsor. Include the school principal if appropriate. Write down decisions about the evaluation process and objectives.

Next, choose a team leader. Candidates should be individuals with some general experience in adolescent health care, and the school-based or school-linked health field in particular. To find a team leader, the evaluation sponsor may want to contact a local health department, a private consulting firm or the Support Center/CPO for suggestions. The individual should not be employed by the funding agency, school district or health center sponsor.

A written agreement between the contracted team leader and the contracting agency should include:

1. methodology to be used (i.e., the Site Monitoring Team Approach);
2. amount of compensation for the work;
3. duration (one or two days), time(s) and date(s) of the site visits;
4. respective responsibilities of the team leader, contractor and health center administrator;
5. nature of the Phase II technical assistance the team might offer, and any associated costs for that assistance; and
6. specifications for the final report.

2. Choosing an Evaluation Team

Once an agreement is made between the health center administrator, evaluation sponsor and the contracted team leader, the latter chooses an evaluation team. Ideally the team should be composed of outside people with administrative, clinical and psychosocial expertise. Each individual also should have experience with adolescents. One person on the team should preferably be from the local area to represent local perspective.

The team leader's responsibilities include:

1. selecting other team members;
2. coordinating the site visit;
3. acquiring documents on health center operations from the health center administrator;
4. convening and chairing all team meetings;
5. coordinating technical assistance, if needed;
6. acting as a liaison between the team and the SBHC/SLHC; and
7. preparing the final report.

The team leader should select a physician or nurse practitioner to act as a clinical team member. This individual will assess the medical services provided by the SBHC/SLHC.

A third team member should be a master's level social worker or psychologist with experience in various clinical settings, or a health educator with classroom and/or health center experience. This individual will be responsible for reviewing the psychosocial and health education services the center provides.

3. Collecting and Reviewing Preliminary Data

Before the site visit, the team leader should ask the health center administrator for the following documents:

1. SBHC/SLHC program plan as funded;
2. original needs assessments, including demographic information on the target population;
3. program objectives;
4. job descriptions, resumes and the organizational chart;
5. sample consent forms;
6. student enrollment, intake and medical history forms;
7. written medical and mental health protocols;
8. a brief description of the history of the health center;
9. letters of support as submitted in the original plan;

10. annual SBHC/SLHC reports;
11. letters of agreement between the health center and other community agencies;
12. a list of health center services and the hours of operation for each service; and
13. other pertinent materials.

The team leader then prepares a preliminary packet for team members to review. Each member should familiarize him/herself with these documents *before* the initial site visit. Arrange a conference call or preliminary meeting for the team to review respective responsibilities, discuss procedure and define the criteria for evaluation. Evaluate program components on their potential ability to address stated or implied objectives. Other criteria to consider may include the appropriateness of the logistics of the health center space; number of students using the health center; frequency of use; the apparent quality of services; students' stated level of satisfaction with the services; the level of integration of the health center, the community and the school; etc. Assign team members key individuals to interview, and give them copies of sample survey questions before arriving on site (see Appendices A through F).

The team leader and the health center administrator need to arrange all logistical issues concerning the site visit. It will be necessary to:

1. Acquire approval for the site visit from school administrators and the SBHC/SLHC sponsoring agency.
2. Identify a space where the team can meet (either in the health center or in the school itself).
3. Identify key individuals to be interviewed during the site visit (including, at minimum, the principal, health center administrator, nurse practitioner, health center sponsor, school nurse, health educator, social worker, advisory board members and students).
4. Schedule all necessary appointments for team members to meet with these key individuals.
5. Arrange a time and meeting place for the initial as well as an exit conference between the evaluation team and the health center staff.

When all of this is complete, move to Phase II of the evaluation process.

II. Phase 2: Visiting the Site

Initial team meeting and health center tour is critical to any evaluation. Begin the initial site visit with a brief conference among team members and the health center administrator. Health center staff also may be invited. Make introductions, then review the intent of the visit and the agenda for the day. Address questions the team may have concerning the preliminary materials they received. The center administrator should then take the team on a brief tour of the health center.

1. Data Collection

Collect data in three ways: record review, personal interviews and focus groups, non-participatory observation.

a. Record Review

Each team member is responsible for reviewing one aspect of health center operations.

The team leader assesses the quality and appropriateness of the administrative and organizational systems. This may include reviewing the:

1. personnel manual;
2. procedures for hiring, evaluating and firing staff;
3. in-service training and continuing education opportunities;
4. management information systems;
5. health center hours of operation;
6. billing procedures and fee schedules;
7. appointment procedures;
8. budget (if appropriate);
9. consent forms;
10. organizational chart and lines of authority within the center;
11. management of confidential data; and
12. other pertinent information.

The clinical member of the team reviews the center's medical systems. This may include reviewing:

1. medical protocols;
2. appropriateness of clinical staffing patterns;
3. job descriptions and experience of clinical personnel;
4. medical risk assessment and history forms;
5. a few randomly selected medical records;
6. available medical services and their appropriateness in relation to the needs assessments and objectives;
7. the system of providing medication (i.e. dispensing or prescribing); and
8. other pertinent information.

The health educator or social worker reviews psychosocial services. This may include reviewing:

1. health education materials;
2. mechanisms for outreach, referral, follow-up, case management;
3. services available (i.e. individual counseling, group support, family therapy, etc.);
4. job descriptions and resumés of psychosocial personnel;
5. mental health risk assessment forms;
6. a few randomly selected counseling records;
7. written curricula or activities for classroom health education;
8. mental health and substance abuse protocols; and
9. other pertinent information.

b. Personal Interviews and Focus Groups

One of the most important aspects of on-site monitoring is interviewing key individuals early in the process. Appendices A-F of this document include questions to use during these interviews. The team may ask similar questions of several different people to uncover individual perceptions of health center operations. Keep the identity of the interviewee confidential.

Beyond these individual interviews, the team may conduct focus groups with students, parents, teachers, or advisory board members. These groups may provide additional information for analysis.

Interview enough students to ascertain their perspective on health center programs, policies and staff. One place to randomly select a wide range of students is the cafeteria at lunch time. The team leader can arrange ahead of time for a place to conduct the interview or focus group where the students can continue eating. Another suggestion is to obtain permission from a health teacher to interview every third student in his/her class, or from a guidance counselor to randomly select students from his/her caseload and call them to the office for interviews. In any event, obtain permission ahead of time from the school principal to interview students.

c. Non-Participatory Observation

The final method of collecting data is through personal observation. It is each team member's responsibility to take note of the physical layout, the condition and atmosphere of the waiting room, the approachability of staff, the interaction of staff and clients, staff's compliance with confidentiality, the appropriateness of health education materials and magazines in the waiting room, lighting and soundproofing of the physical plant, patient flow and waiting times, treatment of walk-in clients, sanitary conditions of both the examining rooms and the medical equipment, etc.

During the day, give team members ample opportunity to collect their data. The synthesis of this information allows the team to assess the strengths and weaknesses of health center operations.

2. Preliminary Feedback to Health Center Staff

At the conclusion of the first day's site visit, the team meets to review its progress. Center discussion on what was accomplished and what was found. Decide whether further information is needed. If the team feels it's necessary, schedule further interviews, focus groups or record review with the health center administrator for the following day. Then invite the health center staff to participate in a debriefing session. The team leader should share a few of the positive things the team observed, what stage the team is at in the evaluation process, what further information it needs to complete the evaluation and what the staff can expect from the team after the on-site visit is completed.

3. Preparing the Preliminary Report

After collecting all data, give team members two weeks to prepare and submit their findings. Each person's report needs to be concise and summarize both the strengths and weaknesses of the SBHC/SLHC. Review the evaluation criteria before writing the reports. Individual accounts should speak directly to this criteria and, while touching on the entire SBHC/SLHC operation, should focus primarily on the component the team member reviewed.

The team leader synthesizes the individual reports into a unified interim report that summarizes the team's findings and makes recommendations for change.

The interim document should address:

1. SBHC/SLHC operations (hours, enrollment, consent procedures, appointment procedures, services, record keeping, outreach, referral and follow-up mechanisms);
2. staffing patterns;
3. barriers to service;
4. use patterns;
5. appropriateness of program interventions to objectives;
6. integration into the school;
7. relationship with the community;
8. program strengths;
9. recommendations for change;
10. proposed mechanisms to effect change; and
11. other relevant topics identified during the site visit.

Maintain the confidentiality of those interviewed. Make objective comments about individuals; speak to behaviors, not personality traits. Include only information that was either observed by a team member or mentioned by more than one person. After all team members review the report, send it to the contracting agency. This may occur prior to, or simultaneously with, remittance to the health center administrator, depending upon the original agreement.

III. Phase 3: Implementing Changes

In Phase III of the evaluation procedure, develop and implement an "action plan" to improve health center operations. The team leader, evaluation sponsor and health center administrator work together from the interim report to identify changes to improve the health center's service delivery.

1. The Action Plan

To develop the action plan, the team leader, health center administrator and evaluation sponsor consider which modifications suggested in the interim report would create the greatest positive change in service provision or acceptance. The team also considers barriers to implementing these changes. Constraints may include lack of resources, money, time and training, or the political climate of the community. It is better to identify one or two changes to accomplish over a six-month period than to target too many changes and accomplish none.

Once the group decides which modifications to make, write an action plan. At minimum, it should address:

1. which system(s) is (are) targeted;
2. why this modification is needed;
3. how the system functions currently;
4. gaps or barriers to better performance;
5. alternative systems of delivery agreed on by the group;
6. technical training the change necessitates;
7. community or school involvement the change requires;
8. staff that will be involved in the modification;
9. timeframe and steps for implementing the change;
10. quantifiable objectives for the change; and
11. a mechanism to verify that the new system works.

2. Implementing the Action Plan

After the action plan is written and agreed on, the program immediately moves toward implementation. The health center administrator should assess the components necessary to complete the modification. They may include additional personnel, revisions in policy, changes in forms, etc. Staff development and training opportunities also may be needed.

Bring staff into the implementation phase by familiarizing them with the action plan. Offer opportunities for training and staff development. These may include conferences or workshops, site-visits to other SBHC/SLHCs and/or on-site training programs developed specifically to facilitate the proposed transition. The original contract with the evaluation team leader may have included some on-site technical assistance. If so, discuss the type of assistance, timing and cost.

Once all parties agree the pieces are in place, the health center phases-in the changes. Timing and length of this phase depends on the number and type of changes implemented and the barriers that need to be overcome. In any event, the health center administrator, evaluation sponsor and team leader should schedule a final site visit to the health center six months to one year after beginning to implement the action plan.

IV. Phase 4: The Final Report

After a specified time for implementing the action plan passes, the SBHC is ready for a final site visit. The purpose of this visit is to assess progress toward the goal of improved health center operations. (Set the date for this visit during the development of the action plan and confirm toward the end of Phase III.)

As with the initial visit, the team leader coordinates the final site-visit. He/she, along with the health center administrator decides whether to include other evaluation team members, depending on the nature of the changes. For example, if the major modification was clinical, the nurse practitioner or physician on the original team may be best able to assess the quality of the change. Likewise, if the major Site modification was psychosocial in nature, the health educator or social worker in the team should join the final visit. Schedule at least a full day's site visit and discuss beforehand the best way to evaluate the modifications.

1. The Final Site Visit

The final site visit takes approximately one to two days. Its purpose is to assess success in making the suggested adjustments. With the action plan serving as a baseline document, the team reviews the issues and areas previously identified as needing adjustment–there is no need to review entire health center operations. Review records and documents relating to targeted areas. Interview key individuals affected by the change. Survey students to ascertain how the changes affect their ability and willingness to access the health center. Observe health center operations to note the quality and effect of the changes.

At the end of the visit the evaluation team discusses its findings, and shares them with the health center administrator and, if appropriate, with the health center staff. Again, center discussion around the positive changes implemented. The evaluation team also may recommend further modification. Lastly, the team leader should indicate when the final report will be available and what the staff should expect to learn from it.

2. The Final Report

The final report is an objective summary of the process, from the initial site visit through the final visit. It is a road map of final recommendations to the program staff.

- Note the objectives of the evaluation and its timeframe.
- Discuss findings from the first site visit, the process by which program modifications occurred and the findings of the final site visit.
- List the recommendations made in the interim report, the recommendations selected in the action plan and the progress made in implementing the latter.
- Incorporate the discussion during the final exit meeting.
- Focus attention on how the current situation relates to future plans.
- Highlight unusual or outstanding accomplishments. Mention areas that still need improvement or adjustment.

Submit the final report to the evaluation sponsor and forward, as appropriate, to the health center administrator. Whenever possible, acknowledge the health center staff's role in cooperating with the evaluation team and in responding to the latter's recommendations. The report should reflect the spirit of the evaluation process: a collaborative effort to identify and implement means to improve health center operations and to increase client satisfaction with its services.

Summary

- This monograph describes the Support Center/CPO on-site monitoring evaluation process for school-based and school-linked health centers. The process is a team approach. Outside evaluators work collaboratively with health center staff.
- The evaluation sponsor decides whether to use this method. He/she contracts the team leader to complete the process. The team leader works with the SBHC/SLHC administrator and a team of experienced individuals to suggest modifications in service delivery.
- This model is particularly useful for the newly established center, which generally has not been in existence long enough to document the impact of the program components on its client population. It is a process evaluation methodology used to glean information about use of the center, the satisfaction of its clients and the center's relationship to the school and the community.
- The model also is helpful because it can provide immediate feedback to the program so that modifications and adjustments can be made mid-course, in advance of an impact evaluation.
- The model is cost effective because it does not require lengthy studies entailing enormous data collection.
- On-site team monitoring involves the health center staff as early and as thoroughly as possible so that they become major players in improving their own programs.

References

[1]*Kirby, Douglas,* Research Methods for Assessing and Evaluating *School-Based Clinics, (Washington, D.C.: Center for Population Options, 1989), p.1-2.*

[2]*Kirby, Douglas and Waszak, Cynthia,* An Assessment of Six School-Based Clinics: Services, Impact and Potential, *(Washington, D.C.: Center for Population Options, 1989).*

[3]*Schatzman, Leonard and Strauss, Anselm l,* Field Research Strategies for a Natural Sociology, *(Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973), p.59.*

[4]*Kirby,* Research Methods, *p.36.*

VI. Appendices

There are three types of evaluation instruments included in the appendices: assessment guidelines, interview questionnaires and a needs assessment questionnaire. SBHC program staff, school administrators and consultants who have served on site-monitoring teams developed these collaboratively. They are guidelines for the site-monitoring process and should be adapted to individual programs. No permission is necessary to photocopy and use these instruments.

Assessment Guidelines

To guide the appropriate site monitoring team member in his/her assessment of the health center, use questions included in the *Administrative Assessment* (Appendix A), *Medical Service Assessment* (Appendix B) and the *Psychosocial and/or Health Education Service Assessment* (Appendix C). These identify characteristics of health center operations which each team specialist should evaluate. Gather data to evaluate these characteristics from relevant documents and records, observations of health center operations and interviews with key persons.

Use these assessment instruments to develop and tailor questions for each individual interviewed. While many of the questions are written in "yes/no" format, answers to these questions should go beyond that; probe interviewees for greater explanation.

These guidelines can also serve as an outline for reports prepared by individual team members. Each team member's report should include justification for the conclusions drawn. It is from these reports that the team leader writes the Interim Report.

It is useful for site monitoring team members to verbally debrief each other at the end of the visit concerning the information gathered on these questionnaires. Pay particular attention to content relevant to areas others are assessing.

Interview Questionnaires

Evaluators have developed several sets of interview questions for specific categories of people not part of the school staff. The *School Staff Interview* (Appendix D) includes questions to elicit information on the school's perspective of the health center, as well as give the interviewer some idea about how much faculty know about health center operations. The types of school staff who might be interviewed include the principal, vice principal, secretaries and teachers. In some schools, the school nurse is employed by the school system and is considered a school staff member. The school nurse typically is interviewed as part of the medical services assessment, though it is important to find out how he/she interacts with the health center and thus, some of these questions may be useful for the clinical team member also.

The *Advisory Board Interview* (Appendix E) questions advisory board members who are not school or health center staff about their knowledge and views concerning health center operations and the role of the advisory board. Questions focus attention on the community's attitude toward the health center. Conduct the interviews with individuals or small groups, as time permits. If no advisory board exists, use some of these questions when interviewing community members who were active in developing the health center and/or are currently active in the operation of the health center or receive referrals from the health center.

Use the *Student Interview* (Appendix F) guidelines with individuals or in a focus group. These questions are designed to determine what students know and feel about the health center—an important key to understanding health center use.

Training Needs Assessment Survey

Site-monitoring team/trainers, can use this instrument (Appendix G) to collect information for staff training or development programs. Administer to each staff member prior to or following a site monitoring visit. During the preliminary feedback to the staff (at the conclusion of the first site visit) or in the Interim Report, give staff a summary of the information they provided on their perceived needs for training.

Appendix A

Monitoring Team
Administrative Assessment

1. What is the agency that has administrative oversight for the health center (sponsoring agency)? Who supervises the health center administrator?

_____

_____

_____

2. How are health center programs funded? Who is responsible for fundraising/grant writing?

_____

_____

_____

3. Are the health center's financial resources adequate to cover health center programs?
   ❑ yes ❑ no

Comments:

_____

_____

_____

4. Is there a pamphlet available to clients and their parents outlining services available and parental consent requirements? (Attach a copy if available.) Is it available in multiple languages (if appropriate)?
   ❑ yes ❑ no

Comments:

_____

_____

_____

5. Is there a full compliment of program staff as proposed?
   ❑ yes ❑ no

Comments:

_____

_____

_____

6. Do staff qualifications match job requirements as proposed?
   ❑ yes ❑ no

Comments:

_____

_____

_____

7. Is staffing appropriate to provide services?

❑ yes ❑ no

Comments:

8. Are there clear lines of authority and communication among program staff?

❑ yes ❑ no

Comments: (Attach organizational chart for health center staff and, if relevant, for the sponsoring agency.)

9. Are program policies compatible with program needs and are they consistently applied by the staff?

❑ yes ❑ no

Provide examples:

10. Does the Operations Manual or similar document clearly provide staff with procedural guidelines?

❑ yes ❑ no

Comments:

11a. Is staff familiar with procedures?

❑ yes ❑ no

11b. Are guidelines appropriately applied?

❑ yes ❑ no

Comments:

12. Please describe observed staff/student interactions. Are appropriate guidelines for confidentiality in place? Are they practiced?

13. Is the health center area designed to allow comfort, privacy and efficiency?
    ❑ yes ❑ no

Comments: (It may be useful to draw a diagram of the health center space and note any areas where you feel problems exist.)

14. Does the procedure for obtaining parental consent facilitate student's access to program services?
    ❑ yes ❑ no

Comments: (Attach copies of all consent forms used.)

15. Does the patient flow through the program facilitate student access to services?
    ❑ yes ❑ no

Comments: (A diagram of the patient flow process may be useful here.)

16. Evaluate the effectiveness of the appointment system:

17. Is there an effective triage system in operation between the School Nurse and SBC program staff?

❑ yes ❑ no

Comments:

18. Is there evidence that the self-referral procedure is fully understood and effectively utilized by students? (Make sure there is student input for this answer.)

❑ yes ❑ no

Comments:

19. Have adequate off-site referral resources been identified for the services below?

- hospital based services: ❑ yes ❑ no

Comments:

- specialty care services: ❑ yes ❑ no

Comments:

- family planning: ❑ yes ❑ no

Comments:

- mental health services: ❑ yes ❑ no

Comments:

_____

_____

_____

- drug & alcohol treatment services: ❑ yes ❑ no

Comments:

_____

_____

_____

- counseling services for physical and/or sexual abuse: ❑ yes ❑ no

Comments:

_____

_____

_____

- emergency food and/or shelter: ❑ yes ❑ no

Comments:

_____

_____

_____

- public assistance programs: ❑ yes ❑ no

Comments:

_____

_____

_____

- other:

Comments:

_____

_____

_____

20. Does the health center make referral appointments?

❑ yes ❑ no

Give examples.

_____

_____

_____

21. Is referral follow-up information consistently obtained and follow-up action taken?

❑ yes ❑ no

Comments:

_____

_____

_____

_____

22. What type of coordination exists between SBHC/SLHC staff and student's private physician (if any)?

_____

_____

_____

23. Does the maintenance of medical records ensure easy access by program staff and ensure patient confidentiality?

❑ yes ❑ no

Give examples.

_____

_____

_____

_____

24. Are data collection forms clear, efficient and effective? (Attach copies.)

❑ yes ❑ no

Comments:

_____

_____

_____

_____

25a. Is a patient encounter data collection system in operation?

❑ yes ❑ no

25b. Does information being collected provide adequate management information?

❑ yes ❑ no

Comments: (Attach sample data summaries used for reports.)

26. What summary statistics are required by the sponsoring or funding agency? How often are these reports required? Who prepares these and who submits these?

27. What role has the Advisory Board played in each area listed below?

a. community relations: _____

b. program services: _____

c. identification of resources: _____

d. program advocacy: _____

e. long-term funding strategies: _____

f. other: _____

28. Describe and evaluate the structure and operation of the Advisory Board:

29. Has this health center participated in any type of evaluation prior to this one?

❑ yes ❑ no

If yes, briefly state the findings and attach relevant reports:

30. Other observations (please use additional sheets as necessary):

_____

_____

_____

_____

_____

31. Providers and staff interviewed (please give names, length of interview and observations):

_____

_____

_____

32. Students interviewed or focus group conducted (please state number of contacts, grade level, if known, gender, how recruited for the interview and observations):

_____

_____

_____

_____

_____

33. Records reviewed (please state type and number of records. A 10 percent sample of records is recommended, with a minimum of ten if the number of clients is fewer than 100.)

_____

_____

_____

_____

Appendix B

Site Monitoring Team
Medical Services Assessment

1. Is there documentation of a complete physical examination being performed on all students receiving services from the health program?
   ❑ yes ❑ no

Comments:

_____
_____
_____
_____
_____

2. Is there documentation of follow-up action being taken once a health problem has been identified?
   ❑ yes ❑ no

Comments:

_____
_____
_____
_____
_____

3. Is there documentation of off-site medical referrals being made? If so, be specific about the type of referrals made.
   ❑ yes ❑ no

Comments:

_____
_____
_____
_____
_____

4. Is there documentation of follow-up to referrals by the SBHC/SLHC program?
   ❑ yes ❑ no

Comments:

_____
_____
_____
_____

5. Do written protocols exist for specific health problems?

- for emergencies: ❑ yes ❑ no

Comments:

_____

_____

_____

- for on-site and off-site referrals: ❑ yes ❑ no

Comments:

_____

_____

_____

- for follow-up appointments: ❑ yes ❑ no

Comments:

_____

_____

_____

- other: ❑ yes ❑ no

List:

_____

_____

_____

6. Are protocols adequate and appropriate for the school population?

❑ yes ❑ no

Comments:

_____

_____

_____

_____

_____

7. Does documentation (i.e., client records) indicate adherence to protocols?

❑ yes ❑ no

Comments:

_____

_____

_____

_____

8. Does documentation indicate patient compliance with prescribed regimens/follow-up appointments?

❑ yes ❑ no

Comments:

_____

_____

_____

_____

9. Is there evidence of input from students regarding health topics of interest and need addressed through health center programs?

❑ yes ❑ no

Describe below:

_____

_____

_____

_____

10. Is there evidence of a Quality Assurance process in operation?

❑ yes ❑ no

Comments:

_____

_____

_____

_____

11. Are medical records documented completely, accurately and promptly?

❑ yes ❑ no

Comments:

_____

_____

_____

_____

12. Are there lab services on site?

❑ yes ❑ no

Comments:

_____

_____

_____

_____

13. Is medication dispensed on site? Prescription services with pharmacy referral?
❑ yes ❑ no

Comments:

14. Is there evidence of individual or small group counseling on health-related topics? If so please list topics covered.
❑ yes ❑ no

Comments:

15. Additional comments based on interviews and/or observation: (please use additional sheets as necessary):

16. Providers and staff interviewed (please give names, length of interview and observations):

17. Students interviewed (please state number of contacts, grade level, gender, how recruited for the interview) and observations

18. Records reviewed (please state type and number of records): (A 10% sample of medical records is recommended, with a minimum of ten if the number of clients is fewer than 100.)

Appendix C

Site Monitoring Team
Psychological and/or Health Education Service Assessment

1. Is the social worker familiar with school policies related to social services intervention?
   ❑ yes ❑ no

Comments:

2. Do formal (written) social services procedures exist (beyond school policy) to effectively access and utilize resources where intervention is required for services listed below?

- family planning: ❑ yes ❑ no

Comments:

- mental health: ❑ yes ❑ no

Comments:

- counseling for physical and/or sexual abuse: ❑ yes ❑ no

Comments:

- drug/alcohol treatment: ❑ yes ❑ no

Comments:

- emergency food & shelter: ❑ yes ❑ no

Comments:

- public assistance programs: ❑ yes ❑ no

Comments:

- other social service and youth serving agencies: ❑ yes ❑ no

Comments:

_____

_____

3. Is there evidence of coordination between program social worker and school worker/school counselor?
   ❑ yes ❑ no

Comments:

_____

_____

4. Is there documentation of communication with parents when needed to facilitate effective provision of services?
   ❑ yes ❑ no

Comments:

_____

_____

5. Is there documentation of individual or small group counseling being provided? Please indicate for each service listed below:

- health related: ❑ yes ❑ no

Comments: (specify types of health problems addressed)

_____

_____

- high risk behavior: ❑ yes ❑ no

Comments: (specify types of behavior addressed)

_____

_____

- psychosocial: ❑ yes ❑ no

Comments: (specify types of problems addressed by counseling)

_____

_____

- other: ❑ yes ❑ no

Comments: (specify "other" types of counseling)

_____

_____

6. Please describe one or more crisis situations (if any) including intervention implemented by program social worker and outcome(s): (Do not breech confidentiality by including this in any public reports.)

_____

_____

7. Is there documentation of health center input into classroom teaching on health-related issues?
   ❑ yes ❑ no

Please describe:

_____

_____

8. Is there documentation of health center-sponsored health education activities outside of the classroom?
   ❑ yes ❑ no

Provide examples:

_____

_____

9. Is there evidence of input from students regarding health education topics of interest and needs addressed through health center programs?
   ❑ yes ❑ no

Describe below:

_____

_____

10. Have methods been developed through the health center to enhance students' abilities to access and utilize the health care system outside the school setting?
    ❑ yes ❑ no

List examples:

_____

_____

11. Has the SBHC/SLHC program developed any plans to provide a health related career component for students?
    ❑ yes ❑ no

Describe any plans:

_____

_____

12. Have any health information materials/presentations been prepared for parents?
    ❑ yes ❑ no

Please explain:

_____

_____

13. Have any health information materials/presentations been prepared for faculty?
❑ yes ❑ no

Please explain:

_____

_____

_____

14. Additional comments based on interviews and/or observations (please use additional sheets as necessary):

_____

_____

_____

15. Providers and staff interviewed (please give names, length of interview and observations):

_____

_____

_____

16. Students interviewed or focus group conducted (please state number of contacts, grade level, gender, number in each focus group and relevant observations):

_____

_____

_____

_____

_____

17. Records reviewed (please state type and number of records): (At least a 10 percent sample of mental health records is recommended or at least 10 if number of clients is fewer than 100.)

_____

_____

_____

_____

_____

Appendix D

Site Monitoring Team
SCHOOL AND HEALTH CENTER STAFF INTERVIEW GUIDELINES

Can be used for various school staff members. Asterisks (*) indicate items of most importance when interviewing the principal.

START-UP ACTIVITIES

1. Was there any attempt to conduct a formal needs assessment prior to the health center's opening?

2. What was the involvement of the school staff in planning the health center?

3. Are there specific goals, objectives, missions that guided planning and implementation of the health center?

STUDENT ACCESS TO THE HEALTH CENTER

1. What are the health center's hours of operation?

2. Are students permitted to attend during school hours?

3. Is the center open before and after school?

4. What is the health center's procedure for parental consent?

5. How are the health center operations integrated with the school health program?

6. What is the time between the request for an appointment and the actual appointment? Does this vary by type of service? How is this recorded?

7. Is walk-in service available? What is the procedure?

8. What are the procedures for self referral?

9. What procedures must a student go through to come to a health center appointment? Who are the gatekeepers?

10. Are all services available every day of the week? List services by the days they are available and the staff assigned.

11. What type of access do the students' families have to the health center? Do they receive services or are they involved in the treatment?

12. Are classroom presentations given by the health center staff?

13. How are health center activities coordinated with the school nurse? Health educators? Physical education teachers?

COMMUNITY INVOLVEMENT/ADVISORY BOARDS

1. Is there an advisory board?

2. What is the membership of the board?

***SCHOOL RELATIONS**

1. What opportunities exist to communicate with the staff of the school?

2. Does the principal (do you) support the SBHC/SLHC? How is this demonstrated? How high a priority is the health center for the school's administration?

3. How does the principal (do you) communicate his/her support of the health center to the school staff? Could this be improved?

4. How are the health center's operations coordinated with school staff, such as counselors, social workers, etc.?

5. What reporting mechanisms are there for communication with the school principal (you) and the school staff? How often are they used?

HEALTH CENTER OPERATIONS: SERVICES

1. How many students are involved with the health center? What is the frequency of visits? Frequency of services received?

2. What family planning services are available?

3. What counseling services are available?

4. What educational services are available? Please note availability of health education materials and/or presentations.

   - faculty participation in health education courses

   - sex education programs available (please state type and for whom)

   - parent education efforts (list type)

- health education efforts outside the classroom (please describe)

5. What medical services are available?
   - comprehensive physical for all/coverage
   - types of testing and screening procedures
   - sports physicals

HEALTH CENTER OPERATIONS: STAFFING

1. Do you feel the health center has sufficient staff to meet its objectives?
2. What has the staff turnover been like through the past two years?

HEALTH CENTER OPERATIONS: CONFIDENTIALITY

1. What are your confidentiality procedures for visits?
2. Under what conditions are parents notified?
3. Who has access to student health center records?

HEALTH CENTER OPERATIONS: REFERRALS

1. What are the health center's links to other health and human services agencies?

HEALTH CENTER OPERATIONS: RECORDS

1. Who has access to health center medical records?

2. Do you have copies of quarterly reports? (include copies with report)

3. Do you have a list of health center objectives?

4. Do you have a copy of a yearly time line for the health center's activities?

5. What types of fiscal reporting are available?

6. Are any statistics available on the impact of the health center in meeting its objectives?

MATERIALS AND EQUIPMENT

1. Are pamphlets available on critical issues?

2. Are the materials available culturally relevant?

3. What types of medical equipment are available?

4. Does the health center have resources to purchase new materials?

5. Does the health center have in-kind agreements to obtain new material and equipment?

COSTS

1. What is the current funding status of the health center?

HEALTH CENTER MANAGEMENT

1. What are the lines of authority in the health center?

2. Is there an organizational chart for the health center? If yes, have you seen it?

EVALUATION PROCEDURES

1. What are the monitoring and feedback mechanisms?

2. Are any impact assessments completed at the health center level?

3. What type of internal evaluations are completed?

4. Have any evaluation efforts led to changes in procedures?

Appendix E

Site Monitoring Team
STUDENT INTERVIEWS/FOCUS GROUPS

1. How did you first hear about the health center? How else do students find out about the health center?

2. How many students (or what percentage) do you think use the health center? Why do most students usually go to the health center?

3. What are some of the good things you hear students say about the health center? What are some of the bad things you hear students say about the health center? What do you think about the health center?

4. What are the people like who work in the health center? Is there anyone you especially like who works there? Can you tell me more about that person? Is there anyone you especially dislike at the health center? Can you tell me more about that person?

5. Have you or has anyone you know ever had a bad experience at the health center? Can you tell me about it? Have you or has anyone you know ever had an especially good experience at the health center? Can you tell me about it?

6. How confident do you feel that health center staff would not tell anyone about a personal problem they hear about from a student?

7. Is there any reason why you would decide not to go to the health center if you were sick, needed a prescription, or needed to talk about a health problem/issue? If you don't go to the health center, where else could you go when you are sick?

8. How is the health center different from other places, such as the doctor's office, health department, emergency room, Planned Parenthood, etc.?

9. Does anyone from the health center come talk to students in their classes (e.g., health class) or during assemblies?

10. What do you think are the main problems at your school? drugs? violence? pregnancy? drop-outs? Does the health center have programs for any of these problems?

11. Can you get birth control pills, foam, condoms or other types of contraceptives from the health center? Where else do students get contraceptives? Is there a sex education class at your school?

12. Do you know the following information about the health center?

- When is the health center open?

- Do your parents have to give their permission for you to go there? If yes, how do they give permission?

- Can you get out of class to go to the health center? If yes, how do you get permission to do that?

- How do you make an appointment to see a doctor/nurse?

- Can any student go to the health center? Can anyone who is not a student go to the health center? If yes, who?

- Does it cost anything to go to the health center?

13. Do you have any suggestions for making the health center a better place to go?

14. Can you walk in to the health center without an appointment and be seen?

15. What are the services the health center provides?

_____

_____

16. How long does it take to get an appointment at the health center?

_____

_____

17. How long do you have to wait to be seen once you are at the health center?

_____

_____

18. If the center is not based on campus: How long does it take to get to the health center? Is it easy to get to the health center?

_____

_____

Appendix F

Site Monitoring Team
TRAINING NEEDS ASSESSMENT SURVEY

Name: _____

Title: _____

Health center Name: _____

Sponsoring Organization: _____

School: _____

Mailing Address: _____

_____

Area Code and Phone Number: _____

To better meet your training needs, we would like to find out more about you and your organization. Please answer all survey items that apply to you by marking "X" on the blank that indicates your response or by writing your response in the space provided. Thank you.

1. Primary Role: Please check the one category that best indicates your primary role.

Nurse

- ❑ School Nurse
- ❑ Coordinator
- ❑ Supervisor of School Health Services
- ❑ Nurse Practitioner
- ❑ State School Nurse Consultant

Health Educator

- ❑ Elementary Level (K-6)
- ❑ Middle School/Junior High (7-9)
- ❑ Secondary Level (10-12)
- ❑ Community/Public Health
- ❑ Other (specify):_____

Physician

- ❑ Private Practice
- ❑ Employed by a School District
- ❑ College/University
- ❑ Employed by a Public Health Dept.
- ❑ Other (specify):_____

Other

- ❑ Health center Administrator
- ❑ Health center Assistant
- ❑ School Administrator (specify level): _____
- ❑ Health Dept. Administrator
- ❑ Nutritionist/Dietician
- ❑ Psychologist
- ❑ Social Worker
- ❑ Other (specify): _____

2. In what type of geographic region is your school-based program operating?

   ❑ urban ❑ suburban ❑ rural

3. Approximately how many years have you been involved with school-based health services?

   ❑ 1–3 ❑ 4-6 ❑ 7 or more

4. How long has this school-based program been in operation?

   ❑ 1 yr. ❑ 2 yrs. ❑ 3-4 yrs ❑ 6 or more yrs.

5. Provide a brief description of your position and responsibilities:

_____

_____

_____

6. State the number of person(s) you directly supervise:

   ❑ 1–3 ❑ 4-6 ❑ 7 or more

7. State the primary reason you feel that a SBHC is located in/near your school(s):

_____

_____

8. List 3 of your SBHC/SLHC's current program goals. Prioritize them in order of their importance:

_____

_____

_____

9. Identify your last training experience(s):

_____

External Date(s) Internal Date(s) _____

Where? _____

By Whom? _____

Subjects covered? _____

10. Indicate the major challenges facing you as a professional working in this setting:

_____

_____

_____

11. What personal attributes do you feel contribute to your success in your current position?

_____

_____

12. What major (single) issue would you like addressed during your next training experience and why? (LIST ONLY ONE, PLEASE.)

_____

_____